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Please hand deliver the following facsimile to:

Name: Examiner Stacy Brown Chen

Number of pages (including this page): 155

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From: Laura A. Coruzzi

Telephone No.: 571-272-0896

Title: Partner

Facsimile No.: 571-273-8300

Direct Telephone No.: (212) 326-3939

Re: Application of: Chen, Xing  
 Application No.: 10/811,508  
 Filed: March 26, 2004  
 For: Compositions and Methods  
 Involving Respiratory Syncytial  
 Virus Subgroup B Strain 9320

Confirmation No.: 8612  
 Group Art Unit: 1648  
 Examiner: Chen, Stacy Brown  
 Attorney Docket No.: 7682-135-999  
 (Formerly: 26-003820US)

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Transmitted herewith for filing are the following:

1. Amendment Under 37 C.F.R. § 1.111 with Exhibits A-G;
2. Amendment Fee Transmittal Sheet;
3. Request for Continued Examination (RCE) Transmittal;
4. Second Supplemental Informational Disclosure Statement;
5. List of References Cited by Applicant; accompanied by copy of references C01-C04; and
6. Change of Correspondence Address.

## CERTIFICATION OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. 1.8(a)

I hereby certify that this paper is being filed with the United States Patent and Trademark Office by facsimile transmission on September 25, 2006 to facsimile telephone number 571-273-8300.

*Laura A. Coruzzi*  
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by *Jacqueline Ben*  
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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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SEP 25 2006

Application of: Xing Chen

Confirmation No.: 8613

Serial No.: 10/811,508

Art Unit: 1648

Filed: March 26, 2004

Examiner: Chen, Stacy Brown

For: COMPOSITIONS AND  
METHODS INVOLVING  
RESPIRATORY SYNCYTIAL  
VIRUS SUBGROUP B STRAIN  
9320Attorney Docket No: 7682-135-999  
(Formerly: 26-003820US)

## FEE TRANSMITTAL SHEET

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$0.00.

The claim amendment fee has been estimated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		<input type="checkbox"/> SMALL ENTITY		<input checked="" type="checkbox"/> OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID		PRESENT EXTRA		RATE	ADDIT. FEE	OR	RATE
TOTAL	25	MINUS	27	0	x 25	\$			x 50
INDEP.	3	MINUS	6	0	x 100	\$			x 200
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						\$			\$
TOTAL						\$		OR	\$
									0.00

Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Date: September 25, 2006

Respectfully submitted,

*Laura A. Coruzzi*  
*Laura A. Coruzzi*  
 JONES DAY  
 222 East 41st Street  
 New York, New York 10017  
 (212) 326-3939

Reg No. 43,492  
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Enclosure

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